

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
D0039 NP
APPLICATION NO.
09/966,459
APPLICANT
FEDER ET AL.
FILING DATE
SEPTEMBER 26, 2001

Group

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

RECEIVED
JUN 13 2002
TECH CENTER 1600/2900

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
2	AM	WO 00/20590 ✓	4/13/00	PCT			<input type="checkbox"/>	<input type="checkbox"/>
2	AN	WO 01/25434 ✓	4/12/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
2	AO	WO 01/27158 ✓	4/19/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
2	AP	WO 01/31014 ✓	5/3/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
2	AQ	WO 01/51633 ✓	7/19/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

2	AR	NCBI Entrez Accession No: gj18490240 ✓
2	AS	NCBI Entrez Accession No: gj18479284 ✓
2	AT	INCYTE PHARMACEUTICALS CLONE ID: 998550 ✓

EXAMINER

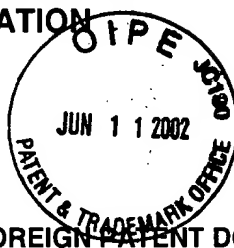
DATE CONSIDERED

5-20-01

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLAS S	TRANSLATION	
							YES	NO
<i>[Handwritten initials]</i>	AA	WO 01/68805 ✓	9/20/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AB	WO 01/73032 ✓	10/4/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AC	WO 01/74904 ✓	10/11/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AD						<input type="checkbox"/>	<input type="checkbox"/>
	AE						<input type="checkbox"/>	<input type="checkbox"/>
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	AX						<input type="checkbox"/>	<input type="checkbox"/>
	AY						<input type="checkbox"/>	<input type="checkbox"/>
	AZ						<input type="checkbox"/>	<input type="checkbox"/>

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